

# LACKAWAXEN TOWNSHIP CODE ENFORCEMENT OFFICE

## CONTRACTOR'S WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY STREET ADDRESS \_\_\_\_\_

.....

NAME OF CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation \_\_\_\_\_  
Original Certificate attached.

Name of Workers' Compensation insurer \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

.....

Complete THIS Section if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

\_\_\_\_\_ **Contractor with no employees.** Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

\_\_\_\_\_ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

\_\_\_\_\_ **Religious exemption** under Worker' Compensation Law.

Signature of applicant: \_\_\_\_\_

Commonwealth of Pennsylvania  
County of Pike

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me Camille James, a notary public, the undersigned officer,  
personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal. \_\_\_\_\_

Notary Public